



**WHITESIDE COUNTY
ANNUAL APPLICATION & RENEWAL AFFIDAVIT
TENANT HOMESTEAD EXEMPTION**

PARCEL NUMBER _____

PROPERTY ADDRESS _____

TENANT'S NAME _____

NUMBER OF SINGLE FAMILY RESIDENCES ON THIS PROPERTY _____

THIS ANNUAL RENEWAL AFFIDAVIT MUST BE SIGNED AND NOTARIZED BY BOTH THE OWNER OF RECORD AND THE LESSEE.

A legible execute copy of the lease that is in force must be on file at the Supervisor of Assessments Office, containing wording similar to "Lessee is responsible for real estate taxes on subject property".

- ★ TAX BILL MUST BE MAILED TO LESSEE. OWNER & LESSEE WILL SIGN A CHANGE OF NAME FORM DIRECTING THE TAX BILL AND OTHER CORRESPONDENCE BE SENT TO THE LESSEE.
- ★ ANNUAL APPLICATION & RENEWAL AFFIDAVIT HAS TO BE FILED BY JULY 1 of the assessment year. Failure to do so will result in the loss of the homestead exemption.
- ★ IF THERE IS A CHANGE IN THE LESSEE, OWNER OF RECORD SHALL NOTIFY THE SUPERVISOR OF ASSESSMENT WITHIN 30 CALENDAR DAYS.

THE UNDERSIGNED ON OATH DOES DEPOSE AND SAY THAT HE/SHE IS THE **OWNER OF RECORD**, THAT HE/SHE HAS READ THE SAME, AND THAT HE/SHE HAS PERSONAL KNOWLEDGE OF THE CONTENTS THEREOF, THAT THE SAME IS TRUE IN SUBSTANCE AND FACT, THAT HE/SHE IS SUBJECT TO PENALTY OF PERJURY FOR FALSIFICATION THEREIN.

SIGNATURE OF OWNER	PRINTED NAME	ADDRESS

DATE _____ TELEPHONE NUMBER _____
Subscribed and sworn to Before Me This _____ Day of _____, 20____.

_____, Notary Public

THE UNDERSIGNED ON OATH DOES DEPOSE AND SAY THAT HE/SHE IS THE **LESSEE**, THAT HE/SHE HAS READ THE SAME, AND THAT HE/SHE HAS PERSONAL KNOWLEDGE OF THE CONTENTS THEREOF, THAT THE SAME IS TRUE IN SUBSTANCE AND FACT, THAT HE/SHE IS SUBJECT TO PENALTY OF PERJURY FOR FALSIFICATION THEREIN.

SIGNATURE OF LESSEE	PRINTED NAME	DATE	TELEPHONE NUMBER

Subscribed and sworn to Before Me This _____ Day of _____, 20____.

_____, Notary Public

RETURN TO SUPERVISOR OF ASSESSMENTS, 200 EAST KNOX ST., MORRISON, IL. 61270

Lessee _____ shall be liable for the payment of real estate taxes with respect to the residence, _____ in accordance with the terms and conditions of Section 200/15-175 of Chapter 35 Illinois Compiled Statutes, as amended (35 ILCS 200/15-175, (1994).

Lessee agrees to pay \$ _____ rent and \$ _____ each month toward Real Estate Taxes.

Combined total due every month is \$ _____.

Said annual property tax shall be based upon the most recent tax bill. Lessee shall make application for the general homestead exemption starting on January 1, each given year.

LESSEE

DATE

LESSOR/ OWNER

WHITESIDE COUNTY
REAL ESTATE TAX BILL
CHANGE OF TENANT NAME REQUEST FORM

Please print the information and be sure to list the PIN number that you want this change to affect. Sign and return this form to the Supervisor of Assessments Office for the change of your tenant name. Tax bill will be sent to the name & address listed below.

Thank You

PIN NUMBER _____

New Tenant Name & Address:

Date: _____

Tenant Signature

Landlord Signature

Return this form to: WHITESIDE COUNTY SUPERVISOR OF ASSESSMENTS
200 EAST KNOX STREET
MORRISON, IL 61270